

Name
in
Full

Charles F. Bierly

CERTIFICATE OF DEATH

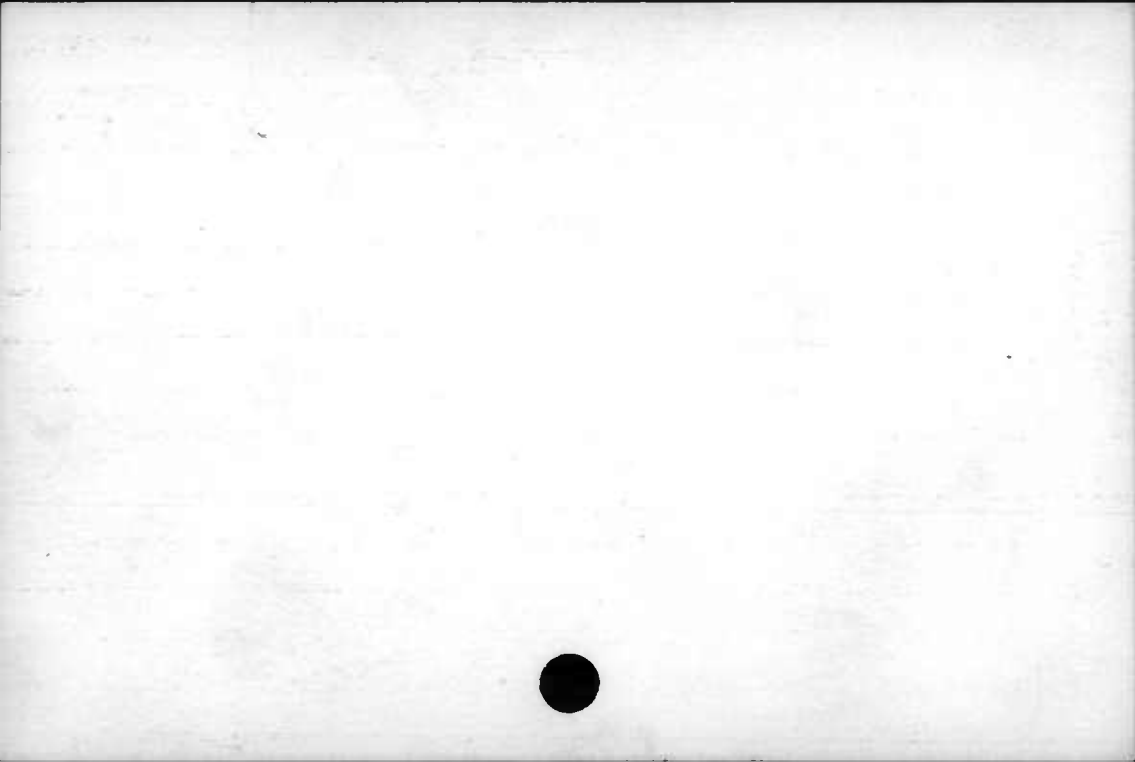
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Ellicott City*^{County} *Howard*

MARYLAND

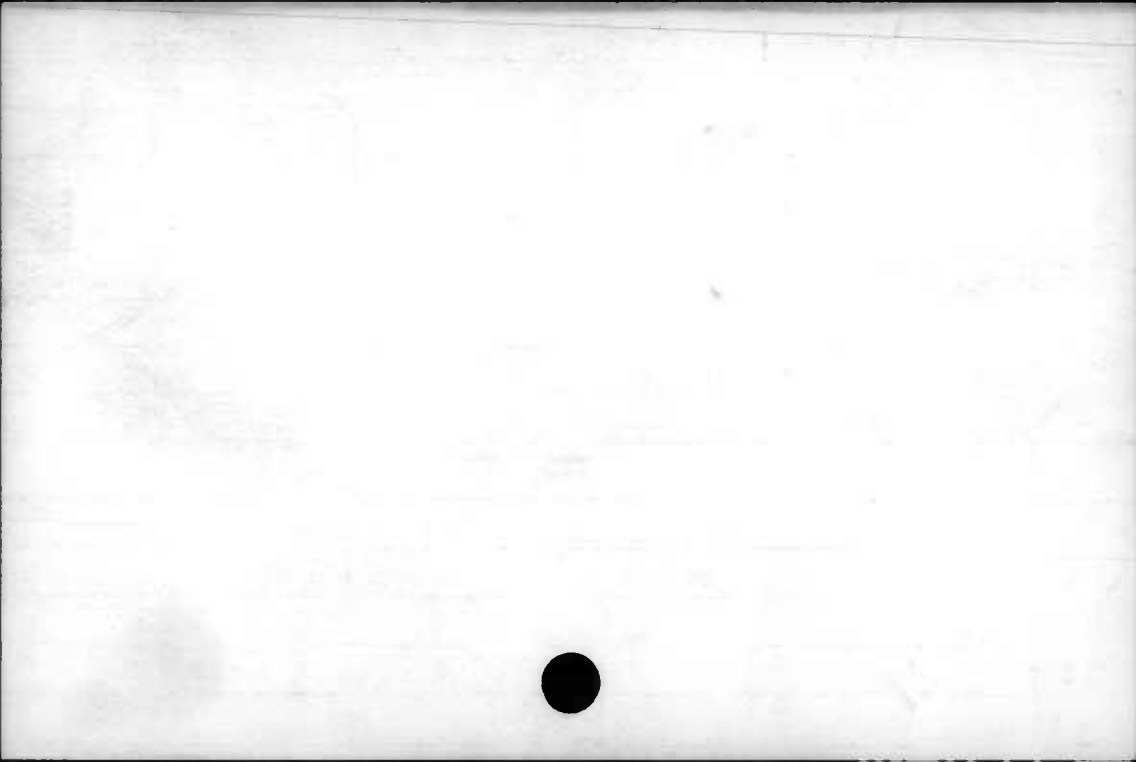
Date of death *1905* ^{Month} *Oct* ^{Day} *15* ^{Years} *56* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Ind*Occupation *Shoemaker* Where Residing if not at place of death *—*Married, ~~Single~~ *Married* Name of Wife or Husband *—*Father's Name *Charles Bierly* Father's Birthplace *Ind.*Mother's Maiden Name *Emeline Parker* Mother's Birthplace *Ind.*Name of person giving information *James T. Bierly* *10/15* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Subacute Gastritis* How long *3 months*Immediate *Asthma* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Wm M. Blaylock*Address *Ellicott City, Md*Accident or Suicide? *—*



Name in Full		Wm Brown Jr				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death 190		Month	Day	Years	Months	
	Sex		Color or Race		Birth-place		
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased			
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Accident or Suicide?				Address		



Name
In
Full

Louisa Bruno

CERTIFICATE OF DEATH

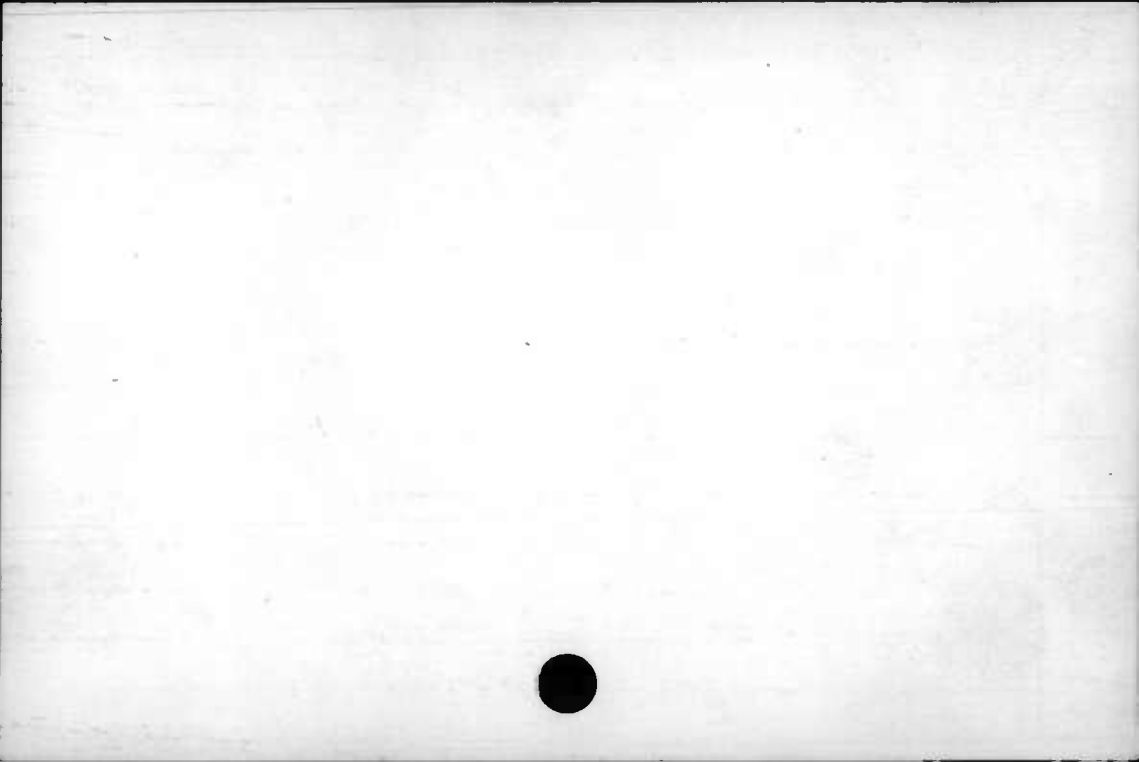
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Ellicott City</i> Town		County <i>Howard</i>		MARYLAND	
Date of death <i>1905 Oct. 5</i> Month <i>5</i> Day		Age <i>67</i> Years		Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>France</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Felix Bruno</i>				
Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Joseph German</i>		How related to deceased <i>Son-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright Disease</i>	How long <i>4 1/2 years</i>
Immediate <i>Heart Complication</i>	How long <i>1 Day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. P. O'Connell</i>
	Address <i>Ellicott City</i>
Accident or Suicide? <i>No</i>	



Name

in
Full

William Clifton Colson

CERTIFICATE OF DEATH

Died at ^{Town} near *Alberton*County *Howard*

MARYLAND

Date of death *1905 Oct*Day *15*

Age

Years *65*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Md.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*George H. Colson*Father's
Birthplace*Md.*Mother's
Maiden Name*Annie E. Hutson*Mother's
Birthplace*South Carolina*Name of person giving
Information*George H. Colson*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Acute Degenerative Nephritis

How long

8 weeks

Immediate

Intestinal Inflammation

How long

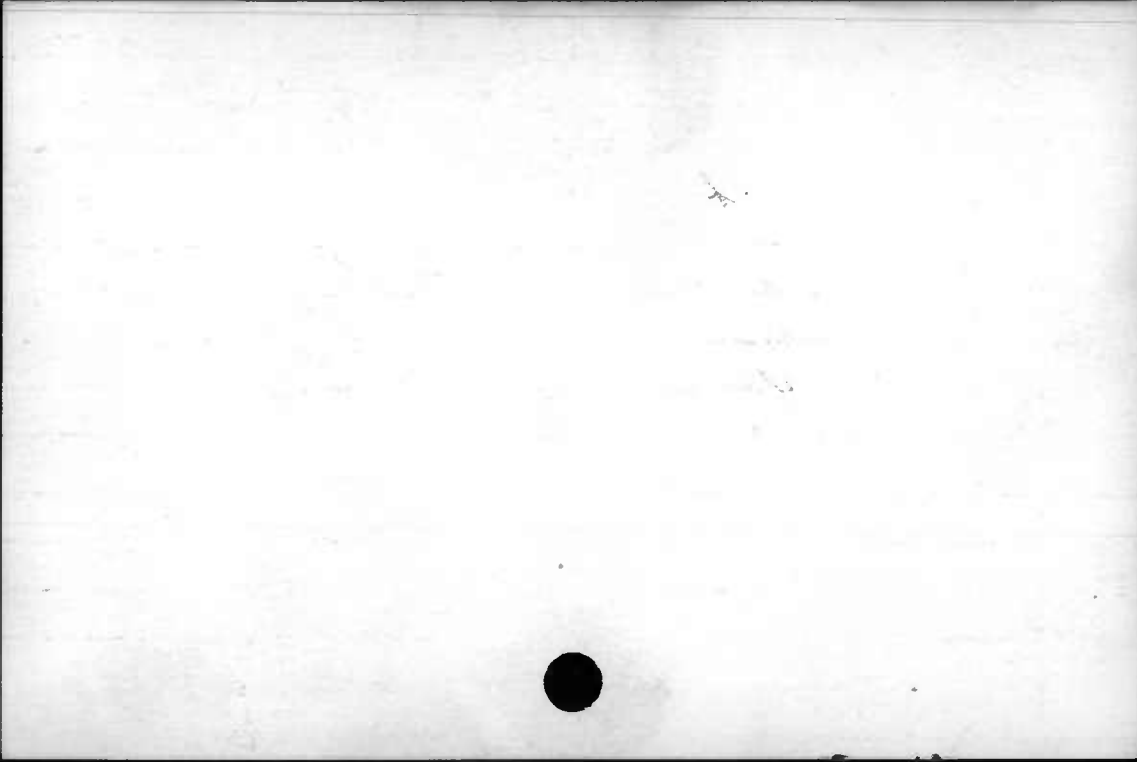
*12 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*William E. Hodges*

Address

Ellicott City - Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Rebecca Danzey

Town

County

Died at

Ellicott City

Howard

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

1

Oct

8

Age

76

Sex

Female

Color or
Race

colored

Birth-
place

Maryland

Married, Single
or Widowed

Married

Occupation

House Keeper

Name of Wife or
Husband

William Danzey

Father's
Name

don't know

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

Miss Frances Curr

How related
to deceased

Son in Law

CAUSES OF DEATH

Primary

Influenza and heart disease

How long

only 6 months

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

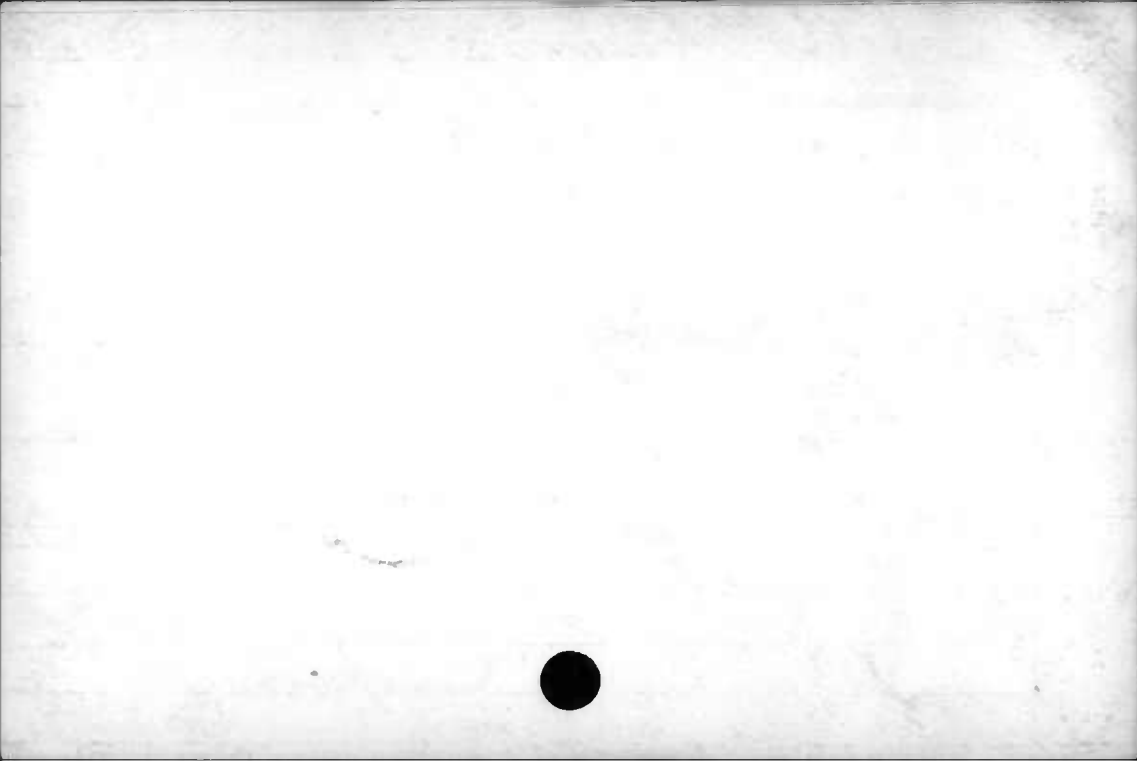
B. J. Payne
Ellicott City
Md

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Susan Davis

CERTIFICATE OF DEATH

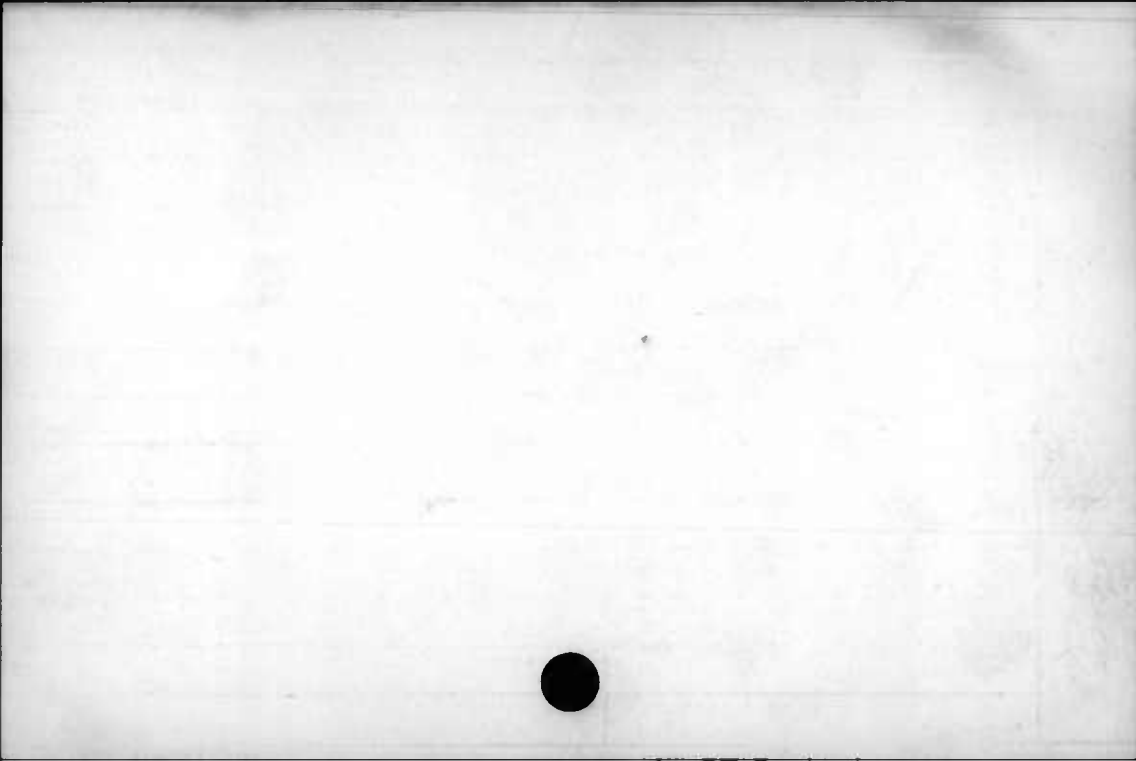
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Simpsonville</i>		Town		<i>Howard</i>		County		MARYLAND	
Date of death 190 <i>6</i>		Month <i>Oct</i>		Day <i>18</i>		Years <i>11</i>		Months	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Ind</i>		Days			
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name <i>John Davis</i>						Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Anna Smith</i>						Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Benj Kelly</i>						How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>6 months</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas R. Wilson Jr.</i>	
		Address <i>Simpsonville</i>	
Accident or Suicide?		<i>Ind</i>	



Name In Full *Nelly Horsey* -
 Died at *Cookeville* Town *Howard* County *MARYLAND*
 Date 19*06* Month *10* Day *13* Age *19* Y. *11* M. *30* D. Native of *Howard Co.* Occupation *Maed*
☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☐ Widower ☐ Divorced Number of children living *—*

Husband
of
Wife

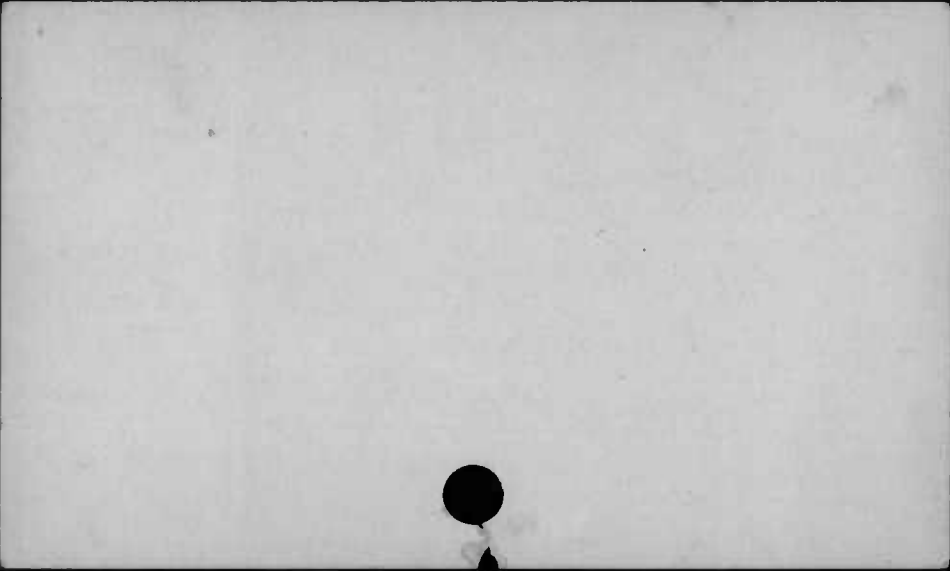
Father's Name *Andrew Horsey* Mother's Maiden Name *Emma McCasoy*

Cause of Death	Primary	<i>Tuberculosis</i>	How long sick	<i>6 months</i>
	Immediate	<i>Failing of vital forces</i>	Accident, Suicide, Homicide	

Reported by *Dr. J. H. Dean*

Address *Glennwood, Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

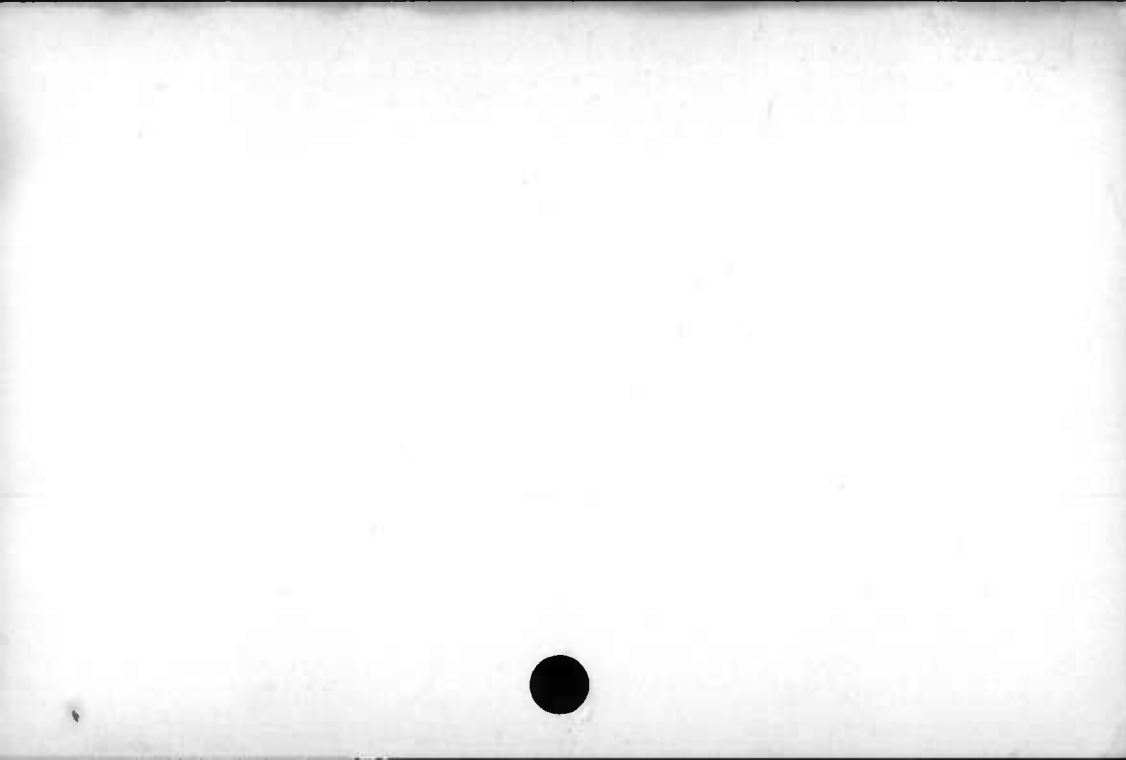
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dayton</i>		Town		<i>Howard</i>		County		MARYLAND	
Date of death 190 <i>6</i>		Month <i>Oct</i>		Day <i>14</i>		Age <i>—</i>		Years Months Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>							
Name of Wife or Husband									
Father's Name <i>Albert Gordon</i>						Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Ellie Thompson</i>						Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>S. A. Nichols</i>						How related to deceased <i>Physician</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Birth S.</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. A. Nichols</i>	
		Address <i>Dayton Ind</i>	
Accident or Suicide?			



Name
in
Full

Wm E. Harrison



CERTIFICATE OF DEATH

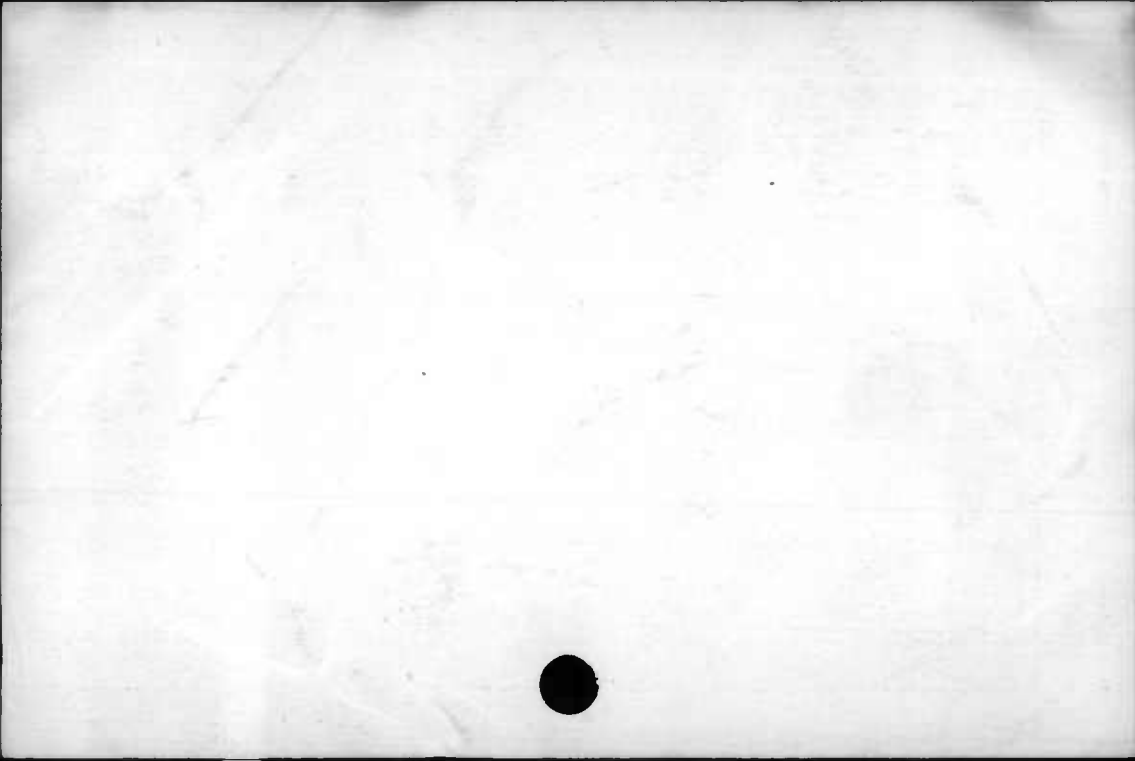
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Savage</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month <i>10</i>	Day <i>3</i>	Age <i>83</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>N. Y.</i>			
Occupation <i>gardener</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband _____					
Father's Name <i>William Harrison</i>		Father's Birthplace <i>N. Y.</i>					
Mother's Maiden Name _____		Mother's Birthplace _____					
Name of person giving information <i>J. P. Haslup</i>		How related to deceased <i>friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i> 	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician _____	
Address 		<i>L. W. Lintner M.D.</i>	
Accident or Suicide? <i>Neither</i>		<i>Savage Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Doughoregan</i> Town		<i>Jackson (M.M.)</i> County		MARYLAND	
Date of death 190	<i>5</i> Month	<i>20</i> Day	Age	<i>born</i> Years	Months Days
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Doughoregan</i>		
Married Single or Widowed <i>Single</i>			Occupation		
Name of wife or Husband					
Father's Name <i>Thomas Jackson</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Martha Giles</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Martha Jackson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lead Poison</i>	How long	<i>next day</i>
Immediate	<i>I was not present at birth of child</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Ben. Y. Shipley</i>
		Address	<i>alpha 96 Howard Co Ind.</i>
Accident or Suicide?			



Name
in
Full

David Levi Johnson

CERTIFICATE OF DEATH

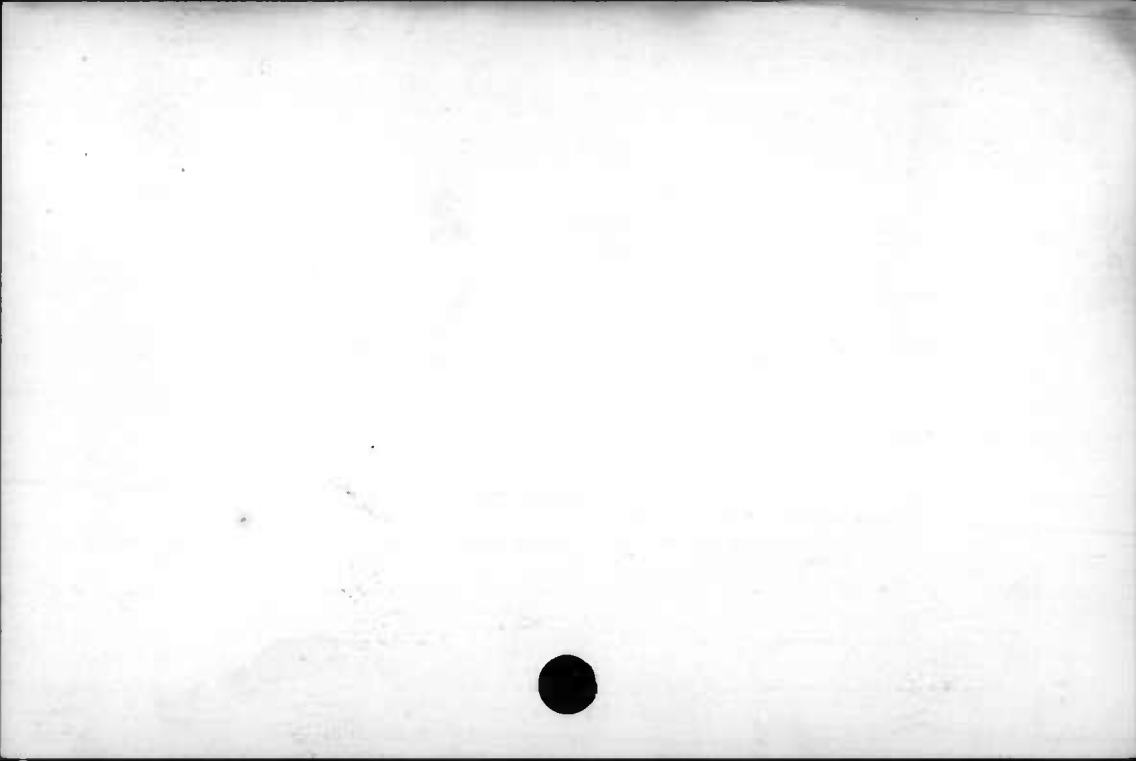
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Man Savage</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death	1905	Month	10	Day	30	Age	23
Sex <i>male</i>		Color or Race <i>negro</i>		Birth-place <i>md</i>		Months <i>10</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>at home</i>		Days <i>28</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Levi Johnson</i>		Father's Birthplace <i>S. C.</i>					
Mother's Maiden Name <i>Harriet Hopkin</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Harriet Johnson</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>6 weeks</i>
Immediate	<i>Exhaustion + Convulsion</i>	How long	<i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. H. Johnson M.D.</i>
		Address	<i>Savage</i>
Accident or Suicide?	<i>Neither</i>		<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edlicott City</i> <small>Town</small>		County <i>Howard</i>		MARYLAND		
Date of death 190 <i>5</i>	Month <i>Octo</i>	Day <i>7</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>						
Father's Name <i>John Johnson</i>			Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Ida May Clifford</i>			Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>John Johnson</i>			How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heavy cold</i>	How long <i>3 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>No. Doctor</i>
	Address <i>Milton Easton</i>
Accident or Suicide?	<i>Undertaker Edlicott City</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

White Kennedy
Elliott City

County

Howard

MARYLAND

Date

of death 1906

Month

October

Day

15

Years

Age

43

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Married, Single
or Widowed

Married

Occupation

Rail Road

Name of Wife or
Husband

Eleanora Kennedy

Father's
Name

Michael Kennedy

Father's
BirthplaceMother's
Maiden Name

Sarah Kennedy

Mother's
BirthplaceName of person giving
Information

Marry Crumble

How related
to deceased

CAUSES OF DEATH

Primary

Tuberculosis

How long

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

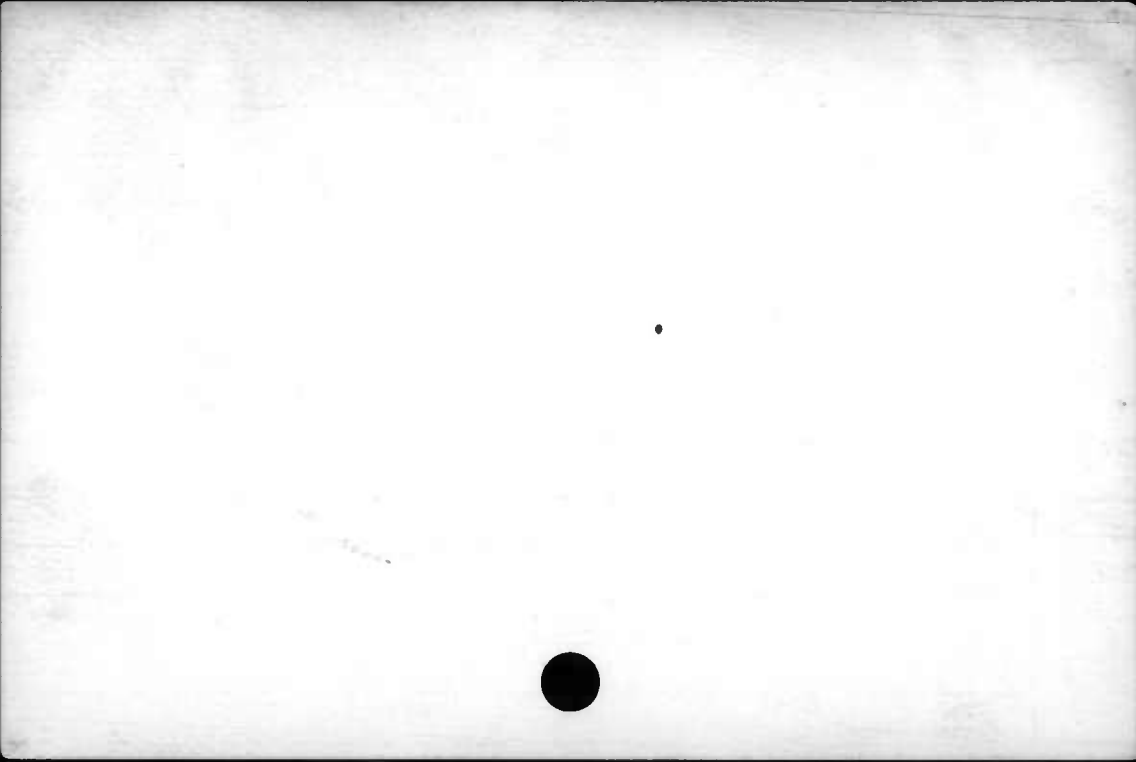
Yes

Signature of
Physician

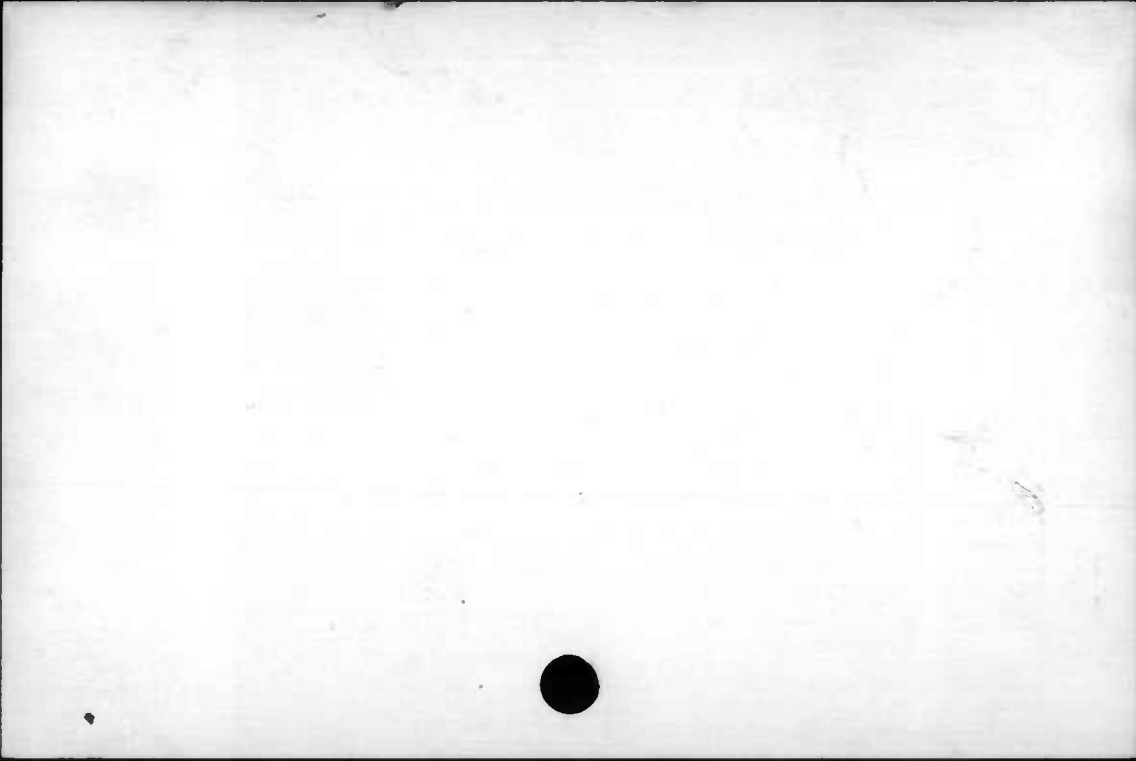
Address

J. W. B. Jones M.D.
Elliott City Md

Accident or Suicide?



Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Levy		Howard		MARYLAND				
		Date of death		1904	Month	10	Day	24	Age	Years	Months	Days
		Sex		male		Color or Race		white		Birth-place		Md.
		Occupation		Infant		Where Residing if not at place of death		Levy				
		Married, Single or Widowed		single		Name of Wife or Husband		—				
PHYSICIAN OR CORONER		Father's Name		Sigmund Levy				Father's Birthplace		Austria		
		Mother's Maiden Name		Louella Sempley				Mother's Birthplace		N. Y.		
		Name of person giving information		Louella Levy				How related to deceased		Mother		
		CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary		Delayed Birth				How long		—		
		Immediate		Asphyxia				How long		one hour		
		Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		Whitman M.D.		
								Address		Tavoy		
		Accident or Suicide?		natural								



Name
in
Full

Laura V. Lucas

CERTIFICATE OF DEATH

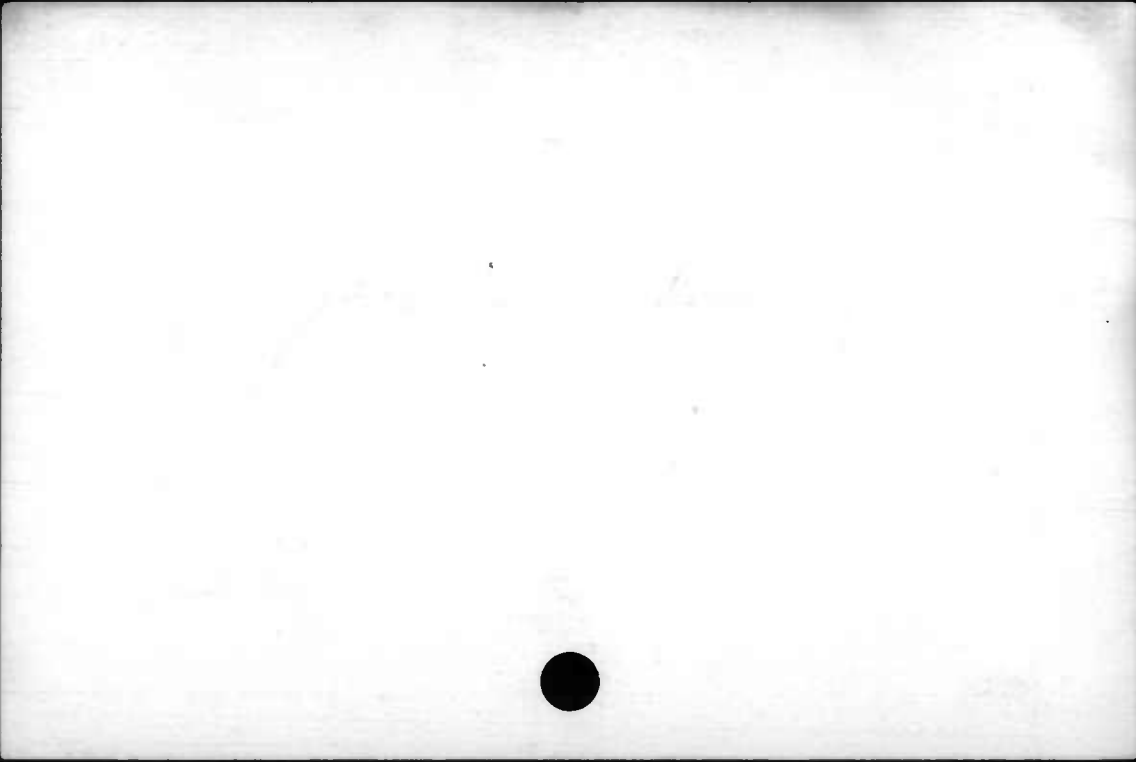
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Bladensburg City</i>		Town <i>Harrod</i>		County <i>Harrod</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Oct.</i>	Day <i>16</i>	Age	Years	Months <i>6</i>	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baile, Md.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Frank T. Lucas</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Annie Justice</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Frank T. Lucas</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Micrococcus</i>	How long <i>3 mos.</i>
Immediate <i>Asthenia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. D. Williams</i>
	Address <i>Bladensburg City, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Lillian Miller

CERTIFICATE OF DEATH

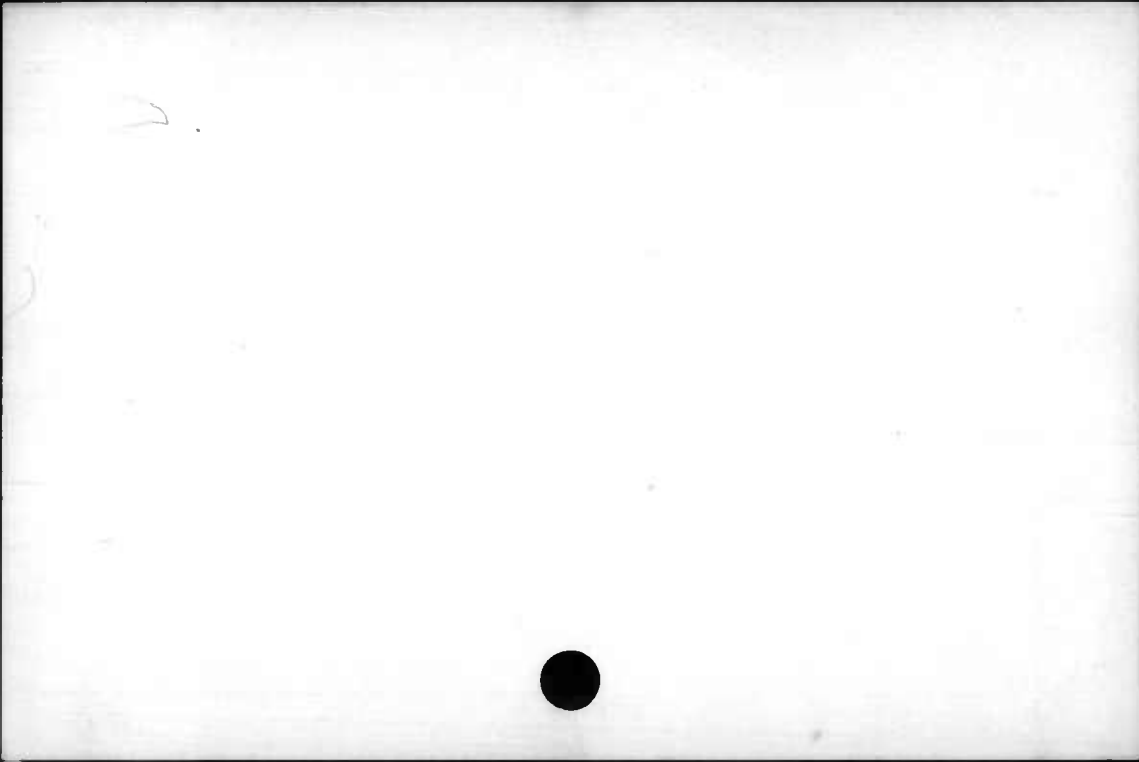
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ellicott City		County Howard		MARYLAND	
Date of death 1905	Month Oct	Day 24	Age	Years 2	Months	Days	
Sex Female	Color or Race White		Birth- place Maryland				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name James W. Miller				Father's Birthplace Maryland			
Mother's Maiden Name Bessie Laney				Mother's Birthplace " "			
Name of person giving In formation James W. Miller				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Meningitis,	How long	5 days.
Immediate	Aschemia	How long	
Are the name, age, sex, color, date and place correctly given above?		yes,	
Signature of Physician		J. H. Dunning.	
Address		Ellicott City, Md.	
Accident or Suicide?			



Monroe Page

Town

County

MARYLAND

Died at Hanover

Howard

Date	1905	Month	10	Day	12	Age	7	Y.	M.	D.	Native of	Md	Occupation	X
Male	Female	White	Colored	Married	Single	Widow	Widower	Divorced	Number of children living					

Husband of

X

X

X

Father's Name

Wm Page

Mother's Maiden Name

Mary Page

Cause of

Primary

Severe cold

Death

Immediate

Pneumonia

(95)

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

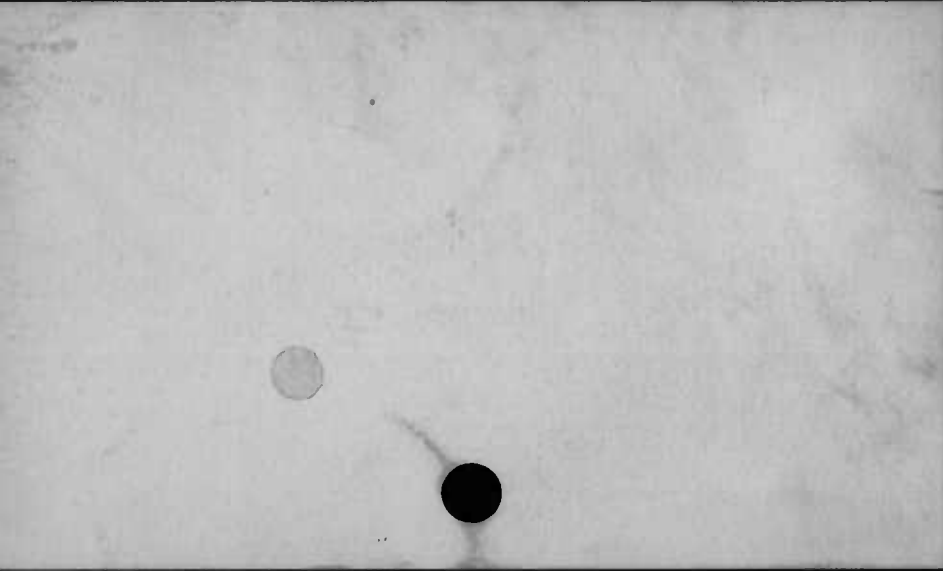
Reported by

H. Jarvis M.D.

Address

Elk Ridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie May Palmer

CERTIFICATE OF DEATH

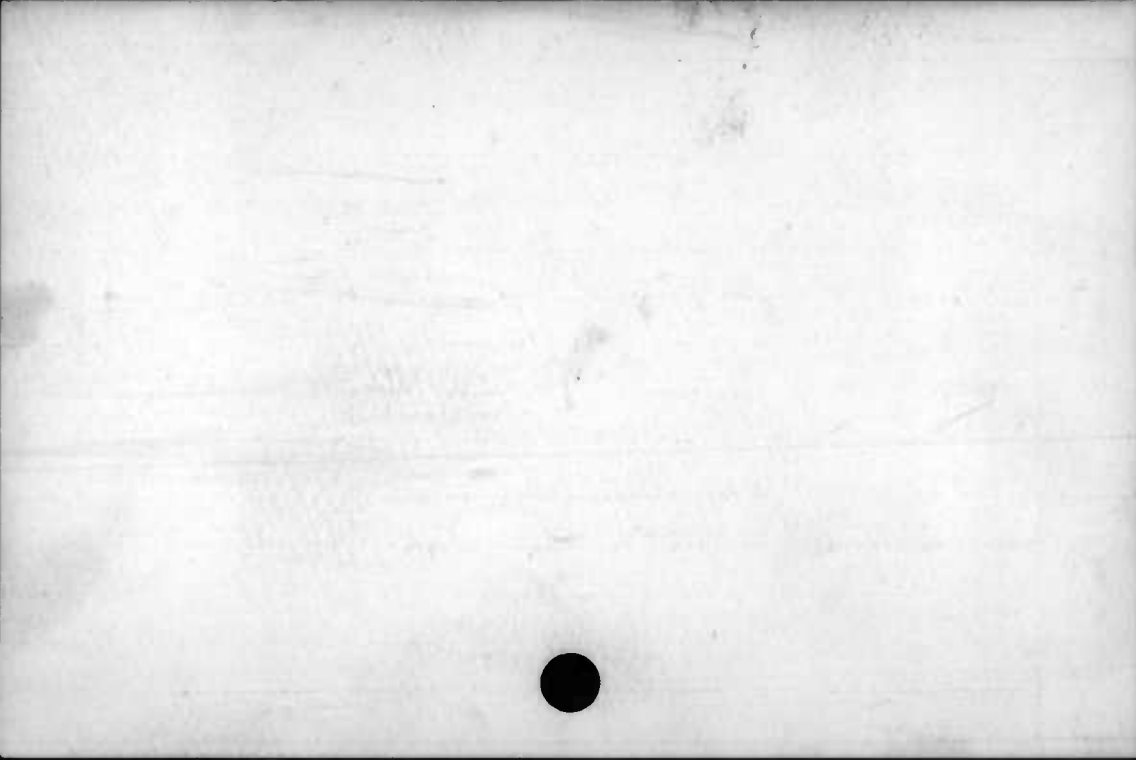
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fulton		County Howard		MARYLAND	
Date of death 1905		Month 10	Day 18	Age —	Years —	Months 10	Days —
Sex Female		Color or Race Colored		Birth- place Md.			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Samuel Johnson				Father's Birthplace			
Mother's Maiden Name Rachel Palmer				Mother's Birthplace Md.			
Name of person giving In formation Alice Harrison				How related to deceased Niece			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	8
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address 2114 L. Street Hyattsville	
Accident or Suicide?			



Name
in
Full

Francis Seymour Pattison

CERTIFICATE OF DEATH

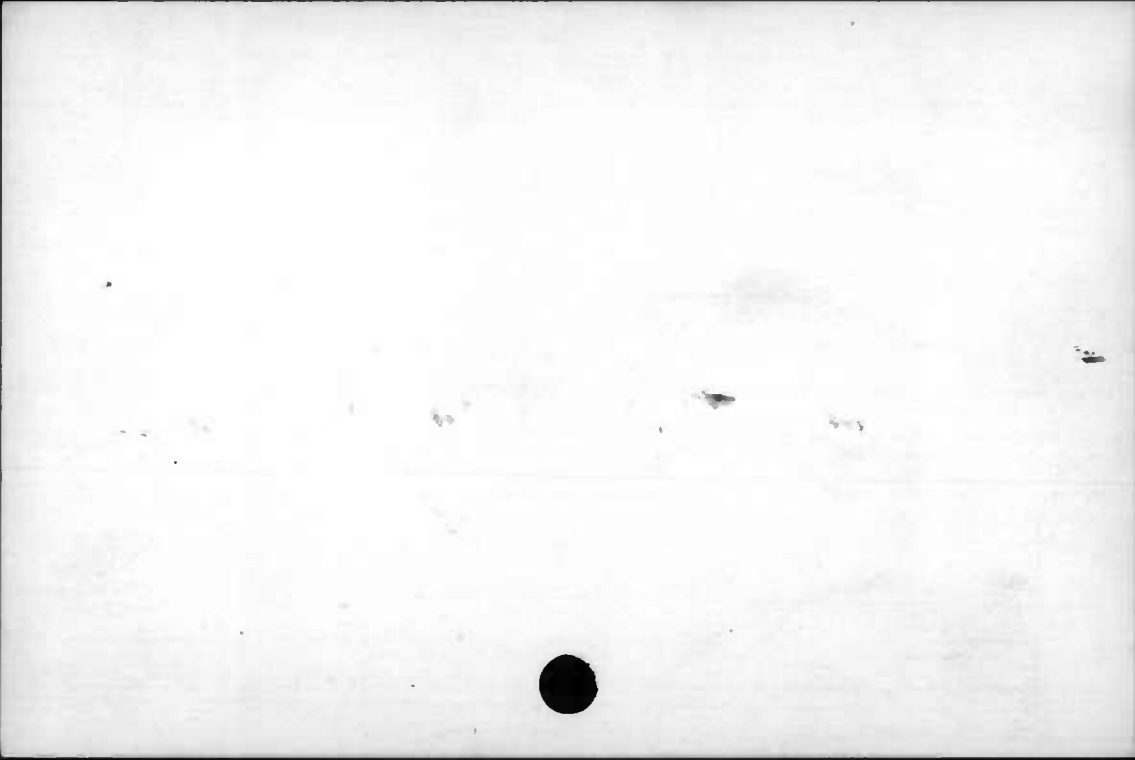
TO BE ANSWERED BY
NEAREST FRIEND

Died at		his home		in Howard		TOWNSHIP		COUNTY		MARYLAND	
Date of death		1905	Month 10	Day 16	Age	Years	Months 6	Days 12			
Sex		male		Color or Race		white		Birth-place		Md	
Occupation		Infant		Where Residing if not at place of death		at home					
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Thomas F. Pattison						Father's Birthplace		Md	
Mother's Maiden Name		Clark V. Cole						Mother's Birthplace		Md	
Name of person giving information		F. F. Pattison						How related to deceased		father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	2 months
Immediate	Exhaustion	How long	progressive
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. C. Williams M.D.	
Address		Savage Md	
Accident or Suicide?		Neither	



Name
in
Full

William Shipley

CERTIFICATE OF DEATH

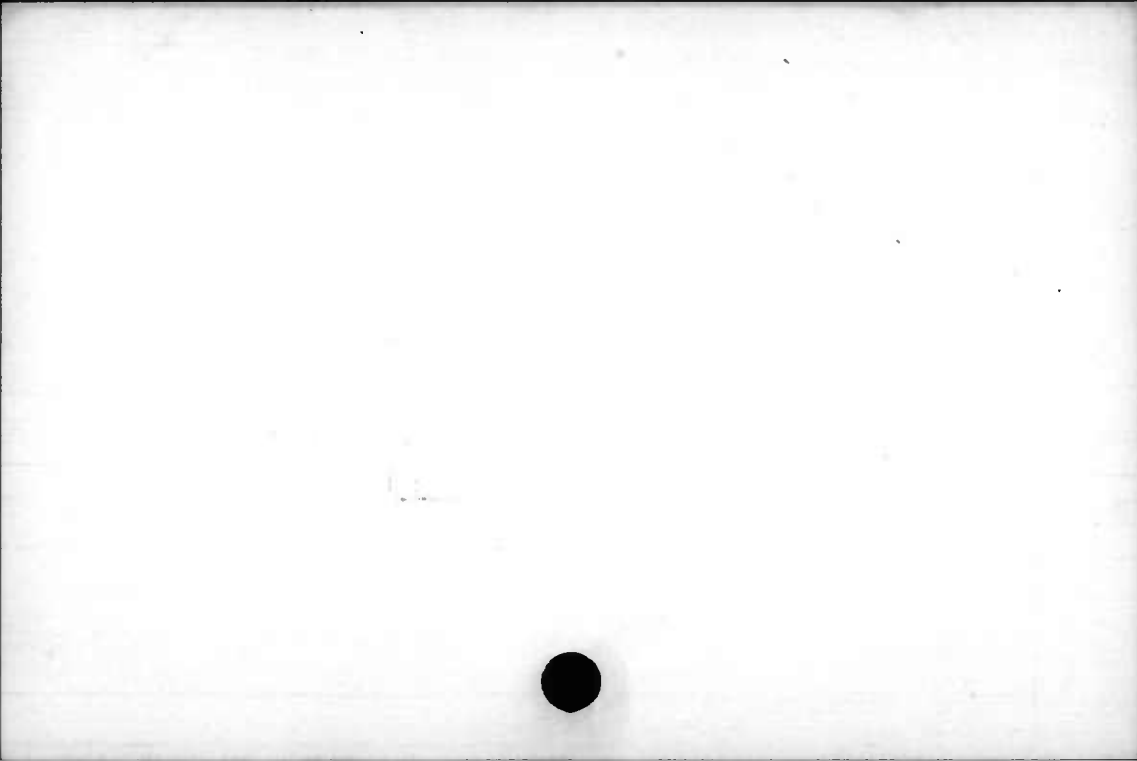
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hollowfield</i> <small>Town</small>		<i>Hoover</i> <small>County</small>		MARYLAND	
Date of death 190	5	Month	October	Day	7
Age		49		Years	
Sex	<i>male</i>		Color or Race	<i>white</i>	
Married, Single or Widowed		<i>married</i>		Occupation <i>laborer</i>	
Name of Wife or Husband <i>Lizzie Green</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name <i>Sarah Fauble</i>				Mother's Birthplace <i>Faullerburg</i>	
Name of person giving information <i>Martha Kraft</i>				How related to deceased <i>step sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rail Road Accident</i>	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Bernard H. Wallenhorst</i>	
<i>yes</i>		Address <i>Elliecott City, Md.</i>	
Accident or suicide ?			



Name
in
Full

CERTIFICATE OF DEATH

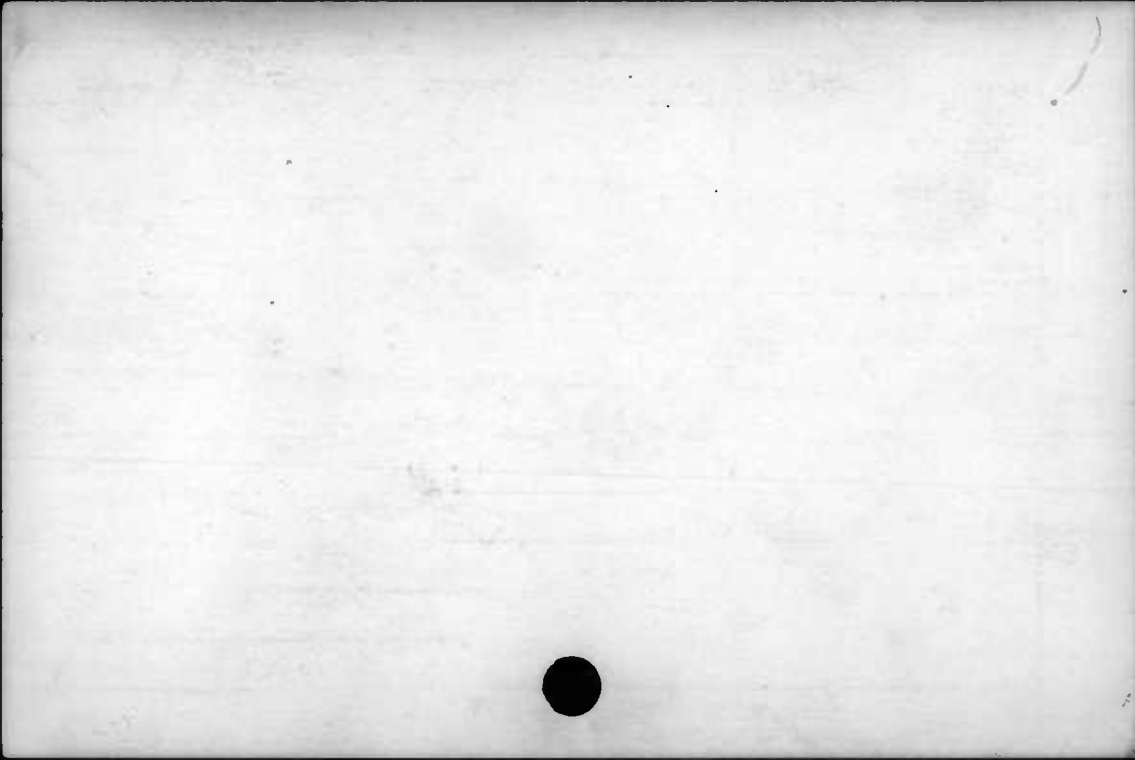
TO BE ANSWERED BY
NEAREST FRIEND

Smith, Harrison, Nathaniel		County		MARYLAND	
Died at <u>Mount View</u>		Town		County	
Date of death	1905	Month	10	Day	27
Age		Years	2	Months	11
Days		24			
Sex	male	Color or Race	colored	Birth-place	Ind-
Occupation	none		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Frank Smith		Father's Birthplace	
Mother's Maiden Name		Florence Ellen Lincoln		Mother's Birthplace	
Name of person giving information		Flo Ellen Smith		How related to deceased	
				Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	4 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		M. J. Smith - Lucas Ind	
		Address	
		Influence, Ind	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dayton</i> Town		<i>Howard</i> County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Oct</i>	Day	<i>7</i>
Age		<i>84</i>		Months	<i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>—</i>		Birth-place	<i>Md</i>	
Where Residing if not at place of death			<i>Dayton</i>		
Married, Single or Widowed		<i>Widow</i>			
Name of Wife or Husband		<i>—</i>			
Father's Name		<i>William Carr</i>		Father's Birthplace	
Mother's Maiden Name		<i>Ellen Carr</i>		Mother's Birthplace	
Name of person giving information		<i>Mrs Thos Bergman</i>		How related to deceased	
				<i>Niece</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart Disease</i>		How long	<i>—</i>
Immediate	<i>Hypostatic Pneumonia</i>		How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>W. H. Schaefer</i>		
		Address		
		<i>Dayton Md</i>		
Accident or Suicide?				



Annie E. Williams

Town

County

Died at

MARYLAND

Date 1905 Oct 12 Month Day
 Age 3-27 Y. M. D.
 Native of Howard Co
 Occupation _____
~~Male~~ ~~Female~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name John Williams

Mother's Maiden Name Anne Powell

Cause of Death { Primary Dysentery Immediate Inanition }
 How long sick 3 months
 Accident, Suicide, Homicide

Reported by E. C. Tumbler M.D.

Address Lisbon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>October</i>	Day <i>6</i>	Age <i>in</i>	Months <i>-</i>	Days
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Ellicott City</i>	
Married, Single or Widowed <i>~~~~~</i>			Occupation <i>~~~~~</i>		
Name of Wife or Husband <i>~~~~~ Unknown</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>~~~~~</i>	
Mother's Maiden Name <i>JS</i>				Mother's Birthplace <i>~~~~~</i>	
Name of person giving information <i>B. Wallenkroth (Cousin)</i>				How related to deceased <i>not alone</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile death</i>	How long	<i>170</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>~~~~~</i>		Signature of Physician <i>Thos B. Mings</i>	
		Address <i>Ellicott City</i>	
Accident or Suicide? <i>~~~~~</i>			

